



**STRAY ANIMAL PROGRAM  
APPLICATION FOR PARTICIPATION**

Name of Town or City: \_\_\_\_\_

Name of Animal Control Officer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

By my signature below, I certify that:

- I am an Animal Control Officer for the above mentioned municipality (include proof).
- I am authorized by the municipality listed above as the approved representative for submission of reimbursement requests for veterinary services (provide proof of authorization).
- I have read the Fund guidelines and will abide by such.
- I understand that reimbursement submissions are subject to the approval of the MVMA Charities, Inc. Board of Directors and that limits to the total amount reimbursed per municipality per calendar year may be changed by the MVMA Charities, Inc. at any time.
- I understand that only services to stray (non-owned) animals are eligible for reimbursement.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed application to MVMA Charities, Inc.

**MVMA Charities, Inc.**

A 501(c)(3) Not-for-Profit Supporting Organization  
of the Massachusetts Veterinary Medical Association

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